

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000105829

1. Entity Name
HODOR HOLDING INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 DEC 18 PM 2:12

Principal Place of Business
701 NW 39 AVE
FT. LAUDERDALE, FL 33311

Mailing Address
701 NW 39 AVE
FT. LAUDERDALE, FL 33311

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12072007

REIN-P

CR2E098 (1/07)

4. FEI Number

84-1684353

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODOR, LUCY C
701 NW 39 AVE
FT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HODOR, LUCY C
701 NW39 AVE
FT. LAUDERDALE, FL 33311

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
HODOR, WESLEY K
701 NW 39 AVE
FT. LAUDERDALE, FL 33311

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

500113428755
12/27/07--01016--007 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lucy C. Hodor Lucy C. Hodor 12-10-07 754-214-3696